

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

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SEP 30 2022	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

UNITED STATES DISTRICT COURT

for the

District of

Division

Case No.

CV22-01660-PHX-JAT

(to be filled in by the Clerk's Office)

Susan Marie Hinkle

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

FBI, CIA, DOD, Pinal Co. Sheriffs Office, Florence
PD

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) ☐ Yes ☐ No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Susan Marie Hinkle		
Address	3615 W Wincosson Ave.		
	Florence	AZ	85132
	City	State	Zip Code
County	Pinal		
Telephone Number	760-866-2808		
E-Mail Address			

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Central Intelligence Agency		
Job or Title (if known)			
Address	1155 Twenty-First Street NW		
	Washington	DC	20581
	City	State	Zip Code
County	District of Columbia		
Telephone Number	202-418-5000		
E-Mail Address (if known)			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Federal Bureau of Investigation MAY ADD OTHER		
Job or Title (if known)			
Address	21711 North 7 th Street		
	Phoenix	AZ	858024
	City	State	Zip Code
County	Maricopa		
Telephone Number	623-466-1999		

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E-Mail Address *(if known)*☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name

Department of Defense

Job or Title *(if known)*

Address

1400 Defense Pentagon

Washington

DC

20301-1400

*City**State**Zip Code*

County

District of Columbia

Telephone Number

703-697-5134

E-Mail Address *(if known)*☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

Pinal County Sheriffs Office

Job or Title *(if known)*

Address

Bldg C 971 Jason Lopez circle

Florence

AZ

858132

*City**State**Zip Code*

County

Pinal

Telephone Number

520-866-5181

E-Mail Address *(if known)*☐ Individual capacity ☒ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☒ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Amendment 1: Freedom of speech - continued harassment and torture have increased as I have spoken about these acts

Amendment 4: Right against improper search and seizure

Amendment 5: Right against being deprived of life, liberty, property without due process of law

Amendment 9: Right to privacy - non-enumerated rights

I am being tracked, tortured, followed, harassed, threatened, personal items, home, and vehicle vandalized, and being killed by government officials and their military drones.

PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Article 16: Freedom from exploitation, violence and abuse. After numerous phone calls and visits none of the federal organizations have helped me. FBI in Florida, California, Arizona; Homeland Security, US Attorney's Office, CIA. I have received NO RESPONSE from these organizations. They have prevented me from getting correct medical attention. PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendants liable if acting "under color of any statute, ordinance, regulation, custom, or usage: 47 U. S. C. 1983 - Pinal County Sheriff's Office and Florence PD were in uniform when I interacted with them. They have all they can do to stop me from exposing this program. They have threatened me. PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Placed on FBI terrorist watch list (no reason given as to why). PCSO has continued to refuse to help/protect me. DOJ, FBI, and Homeland Security have refused to protect me or investigate this torture/killing program. DOD drones began "shooting" me with rays causing pain from my head to my feet and leaving marks on body. CIA funds these activities that violate my rights.

PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

B. What date and approximate time did the events giving rise to your claim(s) occur?

These activities began over eight (8) years ago when I was placed on terrorist watch list. It has greatly increased recently. The other forms of torture began seven (7) years ago. All of Florence Police Department have cussed at me, kicked me, threatened me, body slammed me, and arrested me to make me "shut up". Florence Police Department Officer Cambell spoke with me on September 6, 2022 about 4 a.m. on the phone. He refused to come to my home when I requested his protection and to check the area (including the sky) for the devices torturing me. He stated if he did come to my home, he would arrest me. Since he had no reason to arrest me, this is a form of mental torture. In October 2021, agencies moved foot soldiers into the area to spy on me 24 hours a day, seven days a week. The FBI has a torture manual on line that teaches how to torture victims like me.

PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS

AGAINST THIS PROGRAM ARE AVAILABLE! Copies of the torture manual will be provided.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was placed on the terrorist watch list. I have been subjected to torture, surveillance. People are afraid to be around me because they see the marks all over me and know what I am going through and are afraid it will happen to them since this is done by the highest government officials using our military to shoot and kill innocent victims. Police and Sheriffs department have interfered with freedom of movement. The PCSO are the ones in charge of putting together the harassment campaign. They use agencies like Infoguard, Citizens Corp, some first responders, fire fighters, agencies such as FEDEX, Post Office, Wiccans, Devil Worshipers, etc. Not all members of these agencies are involved, just some. The FBI, cops, ex military, Veterans Affairs, are also involved. I have sustained physical injuries from laser and microwave beams (marks left on skin). Drones remain over my house all hours of the day and night blasting me with rays aimed at my eyes, kidneys, heart, brain and other organs. Laser beams burned my female organs and intimate areas. At times I am unable to sit because of this unable to use the bathroom without excruciating pain. In addition to causing pain, these military beams are designed to cause cancer, brain tumors, kidney failure, blindness and have a person go into cardiac arrest. Five G cell towers are used in this program against me. The ringing in my ears from these weapons are designed to cause damage to my nervous system. I have recorded me measuring the microwaves coming into my home. I am stalked by uniformed law enforcement and plain clothesmen. The human trafficking part of this program does not allow me to date or be intimate with anyone except the abusers. People who have seen this are afraid to speak because they are afraid they will be entered into this program.

PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS
AGAINST THIS PROGRAM ARE AVAILABLE!

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Body slammed by PCSO, sustained bruises and muscle pain. Deputy took me to a doctor for a 5150 (psychiatric evaluation). The doctor stated that although he found me to be sane, he could not speak out against the Sheriff's Office.

Drones have attacked my kidneys, heart, brain, and other organs leaving painful burn marks.

My organs are failing.

Drones have attacked my legs, feet, back and other body areas.

My eyesight is failing.

Cannot sleep.

Constant headaches

PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the court to serve a cease and desist order to all agencies and individuals involved in this killing program/harassment. I want all the drones to stop killing me. I want to stop being tracked. I want to stop the drone attacks on us citizens. I want the people involved in this torture to be held accountable for their actions including driving women to suicide. Monetary, punitive and any other costs brought about by these actions will be determined including lawyer fees, expert witnesses, and doctors for this case
PICTURES, VIDEOS, AND SWORN AFFIDAVITS FROM GOVERNMENT OFFICIALS AGAINST THIS PROGRAM ARE AVAILABLE!

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

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A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: September 24, 2022

Signature of Plaintiff

Printed Name of Plaintiff Susan Marie Hinkle

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

City

State

Zip Code

Telephone Number _____

E-mail Address _____